

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

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Publication Date 7.8.04  
Publication No. WO 2004/057231 PCT/RO/101 \_\_\_\_\_  
Copy of ISR 5c, Copy of IPER 5c  
Assignee information: \_\_\_\_\_  
Priority Info: Country NO No. 20026183 date 12.23.02 MORE  
Correspondence checked: \_\_\_\_\_ deposit account \_\_\_\_\_  
Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_  
International Application No. PCT NO2003/000433 Language Eng  
Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_  
371 Filing Fees: 900; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_  
Total Claims: 2 Chargeable 2 Independent 1 multiple NO  
Number of drawing Sheets: 2 Foreign language: \_\_\_\_\_  
Oath/Declaration: ☒ signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 2.2.06 Power of Attorney: \_\_\_\_\_  
Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_  
Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_  
Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_  
Copy ISA References \_\_\_\_\_  
Copy of IPER: ☒; Annexes: ☒ entered ☒ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_  
Preliminary Amendment(s): ☒ date: 6.23.05; 2<sup>nd</sup> amendment date \_\_\_\_\_  
IDS: ☒ DATE: 6.23.05 2<sup>nd</sup> ☒ DATE 2.2.06  
Request for Immediate Examination: \_\_\_\_\_  
Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_  
Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_  
Priority Document(s): ☒ Number of copies included 1  
Date of 35 USC Receipt of Request: 6.23.05 **Notes:** \_\_\_\_\_  
Date Completion USC 371 Requirements: 2.2.06 |  
Notice of Missing Requirements: 12.17.05 |  
Notice of Defective Response: \_\_\_\_\_ |  
Notice of Acceptance: 3.18.06 |  
Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_  
Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_

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